

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 137

## BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> <b>COX 2008 COMMITTEE INC</b>		<b>2. IDENTIFICATION NUMBER</b> C00420224	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported Post Office Box 5353			
<b>CITY, STATE, and ZIP CODE</b> Buffalo Grove                      IL                      60089		<b>3. IS THIS REPORT FOR :</b> <input type="checkbox"/> Primary <input type="checkbox"/> General	

**4. TYPE OF REPORT** (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☒ October 15 Quarterly Report  
☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on \_\_\_\_\_  
 on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT      ☐ YES      ☒ NO

5. COVERING PERIOD	FROM 07/01/2007	THROUGH 09/30/2007
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<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	12264.72
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	98385.00
	8. SUBTOTAL (Lines 6 and 7) .....	110649.72
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	108686.09
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	1963.63
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	1025000.00
	13. EXPENDITURES SUBJECT TO LIMITATION .....	-64955062.12
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	21901.51
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	1021334.62

**I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.**

Type or Print Name of Treasurer <b>Claremont Ruff</b>	Date 10/15/2007
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

<b>For further information contact:</b>	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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**FEC FORM 3P**  
**(01/2001)**

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS****2 / 137**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)  
**COX 2008 COMMITTEE INC**

Report Covering the Period

From: 07/01/2007

To: 09/30/2007

<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	8385.00	21901.51
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		8385.00	21901.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	90000.00	1025000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	90000.00	1025000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	3617.85
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	3617.85
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	98385.00	1050519.36
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	.....	108686.09	1024952.47
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	108686.09	1048555.73
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 137

**1. NAME OF COMMITTEE (in full)**  
**COX 2008 COMMITTEE INC**
**ADDRESS (number and street)**

Post Office Box 5353

**CITY, STATE, and ZIP CODE**

Buffalo Grove IL 60089

**2. IDENTIFICATION NUMBER**

C00420224

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	4366.25	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	76.75	2969.72	South Carolina	2902.84	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	5134.14	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>12479.98</b>	<b>256085.10</b>

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 137

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Laura Bernard			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7	
Mailing Address 65 West Town Street			Amount of Each Receipt this Period 25.00	
City Milford		State CT	Zip Code 05547	
FEC ID number of contributing federal political committee.			Contribution	
Name of Employer Unemployed		Occupation Graduate Student		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 45.00		
			<b>Transaction ID:</b> SA17A.6338	
<b>B.</b> Full Name (Last, First, Middle Initial) Bryant E. Bushling			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 2587 South Bonnell Road			Amount of Each Receipt this Period 25.00	
City Coeur D Alene		State ID	Zip Code 83814	
FEC ID number of contributing federal political committee.			Contribution	
Name of Employer County of Los Angeles		Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00		
			<b>Transaction ID:</b> SA17A.6336	
<b>C.</b> Full Name (Last, First, Middle Initial) Shirley Chipperfield			Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7	
Mailing Address 2476 Whispering Woods Boulevard Unit 2			Amount of Each Receipt this Period 25.00	
City Jacksonville		State FL	Zip Code 32246	
FEC ID number of contributing federal political committee.			Contribution	
Name of Employer Retired		Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25.00		
			<b>Transaction ID:</b> SA17A.6344	

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 137

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Iola Cox Mailing Address 2349 Sherbrooke Road City State Zip Code Winter Park FL 32792 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Amount of Each Receipt this Period 1000.00 Contribution Transaction ID: SA17A.6357
Name of Employer Homemaker Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Jaarda Mailing Address 26836 Wyndhurst Court City State Zip Code Bonita Springs FL 34134 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 500.00 Contribution Transaction ID: SA17A.6353
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Martin Janis Mailing Address 625 North Michigan Avenue City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7 Amount of Each Receipt this Period 1000.00 Contribution Transaction ID: SA17A.6366
Name of Employer Martin E. Janis & Company, Inc Occupation Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 137

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) David Langer			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	9		1	5		2	0	0	7															
Mailing Address 1156 Bristol Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>		150.00																			
150.00																								
City	State	Zip Code	Contribution																					
Buffalo Grove	IL	60089																						
FEC ID number of contributing federal political committee.																								
Name of Employer Retired		Occupation																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																					
150.00																								
			Transaction ID: SA17A.6371																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jerrold Levinie			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		1	5		2	0	0	7															
Mailing Address 1530 North Dearborn Unit 21N			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>		200.00																			
200.00																								
City	State	Zip Code	Contribution																					
Chicago	IL	60610																						
FEC ID number of contributing federal political committee.																								
Name of Employer Retired		Occupation Retired																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																					
200.00																								
			Transaction ID: SA17A.6329																					
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Morrison			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		0	7		2	0	0	7															
Mailing Address 426 East Robertson Street			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																								
City	State	Zip Code	Contribution																					
Palatine	IL	60074																						
FEC ID number of contributing federal political committee.																								
Name of Employer Servpro of Elk Grove		Occupation Owner																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																					
100.00																								
			Transaction ID: SA17A.6328																					

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 137

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Christian Musselman Mailing Address 927 King Creek Road City State Zip Code Benton KY 42025 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7 Amount of Each Receipt this Period 25.00 Donation
Name of Employer King Creek Resort and Marina Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25.00		Transaction ID: SA17A.6322
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. James E. Orr Mailing Address 1660 North LaSalle Drive #3802 City State Zip Code Chicago IL 60614 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7 Amount of Each Receipt this Period 2300.00 Contribution
Name of Employer Resurrection Health Care Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00		Transaction ID: SA17A.6364
<b>C.</b> Full Name (Last, First, Middle Initial) Celeste R Ponteri Mailing Address 200 Carter Ct City State Zip Code Chicago IL 60601 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7 Amount of Each Receipt this Period 5.00 Contribution
Name of Employer None Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10.00		Transaction ID: SA17A.6368

**SUBTOTAL** of Receipts This Page (optional) .....

2330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 137

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Vicki L. Porter		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7	
Mailing Address 6611 ownsend Avenue		Amount of Each Receipt this Period 10.00	
City Urbandale	State IA	Zip Code 50322	Contribution  <b>Transaction ID:</b> SA17A.6331
FEC ID number of contributing federal political committee.			
Name of Employer Perishable Distrib. of Iowa Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Accounts Payable Associate Election Cycle-to-Date ▼ 10.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Pyne		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7	
Mailing Address 1414 Ridge Avenue		Amount of Each Receipt this Period 250.00	
City Evanston	State IL	Zip Code 60201	Contribution  <b>Transaction ID:</b> SA17A.6360
FEC ID number of contributing federal political committee.			
Name of Employer United Airlines Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Pilot Election Cycle-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Maria Isabel Sheldon		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7	
Mailing Address 11890 Fairpoint Drive		Amount of Each Receipt this Period 20.00	
City Houston	State TX	Zip Code 77099	Contribution  <b>Transaction ID:</b> SA17A.6335
FEC ID number of contributing federal political committee.			
Name of Employer Houston ISD Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Election Cycle-to-Date ▼ 45.00		

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 / 137

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Maria Isabel Sheldon			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	7		2	0	0	7															
Mailing Address 11890 Fairpoint Drive			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>		25.00																			
25.00																								
City	State	Zip Code	Contribution																					
Houston	TX	77099																						
FEC ID number of contributing federal political committee.																								
Name of Employer Houston ISD		Occupation Teacher																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">70.00</td> </tr> </table>	70.00										Transaction ID: SA17A.6339											
70.00																								
<b>B.</b> Full Name (Last, First, Middle Initial) George Silca			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		1	7		2	0	0	7															
Mailing Address 1939 East Ridgewood Lane			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																			
100.00																								
City	State	Zip Code	Contribution																					
Glenview	IL	60025																						
FEC ID number of contributing federal political committee.																								
Name of Employer JPMorgan Chase		Occupation Banker																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00										Transaction ID: SA17A.6362											
100.00																								
<b>C.</b> Full Name (Last, First, Middle Initial) Jeff Slepian			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	0		2	0	0	7															
Mailing Address 3817 North Milwaukee Avenue Unit G			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>		2300.00																			
2300.00																								
City	State	Zip Code	Contribution																					
Chicago	IL	60641																						
FEC ID number of contributing federal political committee.																								
Name of Employer Segall, Bryant & Hamill		Occupation Principal																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">2300.00</td> </tr> </table>	2300.00										Transaction ID: SA17A.6369											
2300.00																								

**SUBTOTAL** of Receipts This Page (optional) .....

2425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 137

(check only one)

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Smith Mailing Address 105 Bucknell Court City State Zip Code Glenview IL 60025 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.6326
Name of Employer Enlightened Salse Occupation Manufacturers Rep Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		
<b>B.</b> Full Name (Last, First, Middle Initial) James Tofilion Mailing Address 1253 St. Claire Place City State Zip Code Schaumburg IL 60173 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7 Amount of Each Receipt this Period 100.00 Contribution Transaction ID: SA17A.6355
Name of Employer Retired Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael R. Tripp Mailing Address 4112 Faurot Drive City State Zip Code Columbia MO 65203 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 50.00 Contribution Transaction ID: SA17A.6342
Name of Employer Smith Lewis, LLP Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 50.00		

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 137

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Larry D. White		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address 28 Gleneagles Boulevard		Amount of Each Receipt this Period 25.00	
City Ballston Lake	State NY	Zip Code 12019	Contribution  Transaction ID: SA17A.6333
FEC ID number of contributing federal political committee.		Election Cycle-to-Date 25.00	
Name of Employer Klipsch Group	Occupation Sales Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17A.6333	
<b>B.</b> Full Name (Last, First, Middle Initial) Joel C Wilson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 820 Rutland Drive		Amount of Each Receipt this Period 50.00	
City Lincoln	State NE	Zip Code 68512	Contribution  Transaction ID: SA17A.6340
FEC ID number of contributing federal political committee.		Election Cycle-to-Date 50.00	
Name of Employer Alltel	Occupation Computer Programmer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17A.6340	

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

8385.00

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 137

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☒ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Amount of Each Receipt this Period 30000.00 Personal Loan - #3939 Transaction ID: SA19A.6136
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 965000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 7 Amount of Each Receipt this Period 25000.00 Personal Loan - #3948 Transaction ID: SA19A.6137
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 990000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) John H. Cox Mailing Address 55 East Erie City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 5 / 2 0 0 7 Amount of Each Receipt this Period 25000.00 Personal Loan - #3966 Transaction ID: SA19A.6138
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1015000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

80000.00

**TOTAL** This Period (last page this line number only) .....

	16		17a		17b		17c		17d		18
X	19a		19b		20a		20b		20c		21

FEC Schedule A (Revised 1/2001)

**SCHEDULE B (FEC Form 3P)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Adcock		<b>Transaction ID:</b> SB23.6140 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 101 North Wilmot Suite 400 City Tuscon State AZ Zip Code 85711 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>225.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Adcock		<b>Transaction ID:</b> SB23.6142 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 101 North Wilmot Suite 400 City Tuscon State AZ Zip Code 85711 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>225.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Adcock		<b>Transaction ID:</b> SB23.6143 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 101 North Wilmot Suite 400 City Tuscon State AZ Zip Code 85711 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>225.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Adcock		<b>Transaction ID:</b> SB23.6144 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 101 North Wilmot Suite 400 City Tuscon State AZ Zip Code 85711 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>225.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Adcock		<b>Transaction ID:</b> SB23.6145 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>
Mailing Address 101 North Wilmot Suite 400 City Tuscon State AZ Zip Code 85711 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>112.50</div>
<b>C.</b> Full Name (Last, First, Middle Initial) ADP		<b>Transaction ID:</b> SB23.6266 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 7</div> </div>
Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>67.50</div>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>405.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll Taxes Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6242</b> Date of Disbursement 07 / 13 / 2007 Amount of Each Disbursement this Period 767.99
<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6267</b> Date of Disbursement 07 / 13 / 2007 Amount of Each Disbursement this Period 84.00
<b>C. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Payroll services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6268</b> Date of Disbursement 07 / 20 / 2007 Amount of Each Disbursement this Period 77.70

**SUBTOTAL** of Disbursements This Page (optional) .....

929.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**A.** Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6269

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.00

**B.** Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll taxes

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6257

Date of Disbursement

/   /

Amount of Each Disbursement this Period

731.20

**C.** Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

85.70

**SUBTOTAL** of Disbursements This Page (optional) .....

894.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

**A.** Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll taxes

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6258

Date of Disbursement

/   /

Amount of Each Disbursement this Period

576.84

**B.** Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.70

**C.** Full Name (Last, First, Middle Initial)  
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement  
Payroll taxes

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

576.85

**SUBTOTAL** of Disbursements This Page (optional) .....

1254.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll services

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6273

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

72.70

Full Name (Last, First, Middle Initial)

**B.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll taxes

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6260

Date of Disbursement

09 / 15 / 2007

Amount of Each Disbursement this Period

381.16

Full Name (Last, First, Middle Initial)

**C.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll services

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6274

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

72.70

**SUBTOTAL** of Disbursements This Page (optional) .....

526.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll services

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6275

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

28.00

Full Name (Last, First, Middle Initial)

**B.** ADP

Mailing Address 1 ADP Boulevard

City  
Roseland

State  
NJ

Zip Code  
07068

Purpose of Disbursement  
Payroll taxes

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6261

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

194.90

Full Name (Last, First, Middle Initial)

**C.** Al's Music

Mailing Address Post Office Box 742

City  
Ames

State  
IA

Zip Code  
50010

Purpose of Disbursement  
Entertainment - Iowa Straw Poll

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6288

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

260.00

**SUBTOTAL** of Disbursements This Page (optional) .....

482.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. A to Z Party</b> Full Name (Last, First, Middle Initial) Mailing Address 2250 Fuller Road City West Des Moines State IA Zip Code 50265 Purpose of Disbursement Equipment rental Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6758</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 1132.56
<b>B. A to Z Party</b> Full Name (Last, First, Middle Initial) Mailing Address 2250 Fuller Road City West Des Moines State IA Zip Code 50265 Purpose of Disbursement Equipment rentals Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6763</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 112.00
<b>C. Danny Carlton</b> Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6146</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1344.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Danny Carlton</b> Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6147</b> Date of Disbursement 07 / 31 / 2007 Amount of Each Disbursement this Period 100.00 101 Category/Type
<b>B. Danny Carlton</b> Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6148</b> Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 100.00 101 Category/Type
<b>C. Danny Carlton</b> Full Name (Last, First, Middle Initial) Mailing Address 19724 East Pine #149 City Catoosa State OK Zip Code 74017 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6149</b> Date of Disbursement 08 / 30 / 2007 Amount of Each Disbursement this Period 100.00 101 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Celebration Party**

Mailing Address 2617 Northridge Parkway

City State Zip Code  
Ames IA 50018

Purpose of Disbursement  
Equipment rental

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1498.00

## **B. Chase Bank**

Mailing Address 825 West Euclid

City State Zip Code  
Palatine IL 60067

Purpose of Disbursement  
Annual fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

75.00

## **C. Chase Bank**

Mailing Address 825 West Euclid

City State Zip Code  
Palatine IL 60067

Purpose of Disbursement  
Bank charges

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6787

Date of Disbursement

/   /

Amount of Each Disbursement this Period

38.75

**SUBTOTAL** of Disbursements This Page (optional) .....

1611.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Chase Bank**

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6729

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

24.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Chase Bank**

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6730

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

24.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Chase Bank**

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6731

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

24.00

101  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

72.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chase Bank

Mailing Address 825 West Euclid

City  
Palatine

State  
IL

Zip Code  
60067

Purpose of Disbursement  
Wire fee

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6732

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

**B.** Chase Bank

Mailing Address 825 West Euclid

City  
Palatine

State  
IL

Zip Code  
60067

Purpose of Disbursement  
Wire fee

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6734

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

24.00

Full Name (Last, First, Middle Initial)

**C.** Chase Bank

Mailing Address 825 West Euclid

City  
Palatine

State  
IL

Zip Code  
60067

Purpose of Disbursement  
Bank fees

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6733

Date of Disbursement

08 / 22 / 2007

Amount of Each Disbursement this Period

96.00

**SUBTOTAL** of Disbursements This Page (optional) .....

144.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Chase Bank**

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.6735**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.00

## **B. Chase Bank**

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Bank fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.6737**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

64.00

## **C. Chase Bank**

Mailing Address 825 West Euclid

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Wire fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.6738**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.00

**SUBTOTAL** of Disbursements This Page (optional) .....

112.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Chase Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 825 West Euclid City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6739</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 24.00 101 Category/ Type
<b>B. Citicard</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 6500 City Sioux Falls State SD Zip Code 57117 Purpose of Disbursement Hotel Lodging Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6854</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 1332.31 101 Category/ Type
<b>C. Renaissance Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 401 Locust Street City Des Moines State IA Zip Code 50309 Purpose of Disbursement Lodging - straw poll Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6854.0</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1332.31 101 Category/ Type <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

1356.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Colby Trust		<b>Transaction ID:</b> SB23.6293 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 7</div> </div>
Mailing Address 6581 University Avenue		<b>Amount of Each Disbursement this Period</b> <div>28.18</div>
City Des Moines State IA Zip Code 50311		
Purpose of Disbursement Utilities - Iowa office	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Colby Trust		<b>Transaction ID:</b> SB23.6290 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 6581 University Avenue		<b>Amount of Each Disbursement this Period</b> <div>1176.82</div>
City Des Moines State IA Zip Code 50311		
Purpose of Disbursement August rent - Iowa office	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Colby Trust		<b>Transaction ID:</b> SB23.6291 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 6581 University Avenue		<b>Amount of Each Disbursement this Period</b> <div>1176.82</div>
City Des Moines State IA Zip Code 50311		
Purpose of Disbursement September rent - Iowa office	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2381.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chad Colehower

Mailing Address 1237 North Rockwell  
Unit 1

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Design work

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6778

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B.** Comcast

Mailing Address 4400 Belle Oakes Drive

City Charleston State SC Zip Code 29405

Purpose of Disbursement  
Cable service

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6747

Date of Disbursement

07 / 29 / 2007

Amount of Each Disbursement this Period

157.35

Full Name (Last, First, Middle Initial)

**C.** Complete Campaigns.com

Mailing Address 610 Gateway Center Way Suite K

City San Diego State CA Zip Code 92102

Purpose of Disbursement  
Fundraising fees

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6728

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

51.10

**SUBTOTAL** of Disbursements This Page (optional) .....

1008.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Congress Plaza Hotel**

Mailing Address 520 South Michigan Avenue

City Chicago State IL Zip Code 60605

Purpose of Disbursement  
Lodging - Cousar

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6744

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

434.48

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Edward Cousar**

Mailing Address 206 Old Friendship Road

City Catawba State SC Zip Code 29704

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6710

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

323.87

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Edward Cousar**

Mailing Address 206 Old Friendship Road

City Catawba State SC Zip Code 29704

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6710.0

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

41.83

101  
Category/  
Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

758.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6710.1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 0 7</div> </div>	
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period <div>37.38</div>	
City Catawba State SC Zip Code 29704	[MEMO ITEM]		
Purpose of Disbursement Mileage reimbursement			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02			
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6710.2 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 0 7</div> </div>	
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period <div>36.94</div>	
City Catawba State SC Zip Code 29704	[MEMO ITEM]		
Purpose of Disbursement Mileage reimbursement			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02			
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6710.3 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 7</div> </div>	
Mailing Address 206 Old Friendship Road		Amount of Each Disbursement this Period <div>38.27</div>	
City Catawba State SC Zip Code 29704	[MEMO ITEM]		
Purpose of Disbursement Mileage reimbursement			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02			
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>0.00</div>	
<b>TOTAL</b> This Period (last page this line number only) .....			

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6463 <b>Date of Disbursement</b> <div> <div>08</div> <div>30</div> <div>2007</div> </div>
Mailing Address 206 Old Friendship Road		<b>Amount of Each Disbursement this Period</b> <div>534.32</div>
City Catawba State SC Zip Code 29704		
Purpose of Disbursement Reimbursements	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6463.16 <b>Date of Disbursement</b> <div> <div>07</div> <div>22</div> <div>2007</div> </div>
Mailing Address 206 Old Friendship Road		<b>Amount of Each Disbursement this Period</b> <div>12.02</div>
City Catawba State SC Zip Code 29704		
Purpose of Disbursement Mileage reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6463.17 <b>Date of Disbursement</b> <div> <div>08</div> <div>03</div> <div>2007</div> </div>
Mailing Address 206 Old Friendship Road		<b>Amount of Each Disbursement this Period</b> <div>12.46</div>
City Catawba State SC Zip Code 29704		
Purpose of Disbursement Mileage reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

534.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)  
Edward Cousar

Mailing Address 206 Old Friendship Road

City State Zip Code  
Catawba SC 29704

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6463.18

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.02

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
Edward Cousar

Mailing Address 206 Old Friendship Road

City State Zip Code  
Catawba SC 29704

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6463.19

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.46

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
Edward Cousar

Mailing Address 206 Old Friendship Road

City State Zip Code  
Catawba SC 29704

Purpose of Disbursement  
Coffee - Sylvia's

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6463.31

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.59

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Edward Cousar

Mailing Address 206 Old Friendship Road

City State Zip Code  
Catawba SC 29704

Purpose of Disbursement  
Expense reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6377

Date of Disbursement

/   /

Amount of Each Disbursement this Period

231.15

**B.** Verizon Wireless

Mailing Address 295 North Maple

City State Zip Code  
Basking Ridge NJ 07920

Purpose of Disbursement  
Cellular service

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6377.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

90.80

[MEMO ITEM]

**C.** Edward Cousar

Mailing Address 206 Old Friendship Road

City State Zip Code  
Catawba SC 29704

Purpose of Disbursement  
Mileage reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6377.6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.69

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

231.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Cousar		<b>Transaction ID:</b> SB23.6377.7 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 2 / 2 0 0 7</div> </div>	
Mailing Address 206 Old Friendship Road		<b>Amount of Each Disbursement this Period</b> <div>16.02</div>	
City Catawba State SC Zip Code 29704	Purpose of Disbursement Mileage reimbursement	<div>101</div> Category/ Type	<b>[MEMO ITEM]</b>
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Jill Dworski		<b>Transaction ID:</b> SB23.6825 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 7</div> </div>	
Mailing Address 92 Woodstone Drive		<b>Amount of Each Disbursement this Period</b> <div>37.50</div>	
City Buffalo Grove State IL Zip Code 60089	Purpose of Disbursement Postage reimbursement	<div>101</div> Category/ Type	<b>[MEMO ITEM]</b>
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) USPS - Buffalo Grove, IL		<b>Transaction ID:</b> SB23.6825.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 7</div> </div>	
Mailing Address 255 North Buffalo Grove Road		<b>Amount of Each Disbursement this Period</b> <div>37.50</div>	
City Buffalo Grove State IL Zip Code 60089	Purpose of Disbursement Postage	<div>107</div> Category/ Type	<b>[MEMO ITEM]</b>
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Jill Dworski		<b>Transaction ID:</b> SB23.6829 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 7</div> </div>	
Mailing Address 92 Woodstone Drive		<b>Amount of Each Disbursement this Period</b> <div>81.20</div>	
City Buffalo Grove State IL Zip Code 60089	Purpose of Disbursement Mailing reimbursements Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) FedEx Kinko		<b>Transaction ID:</b> SB23.6772 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 7</div> </div>	
Mailing Address 10201 University Avenue		<b>Amount of Each Disbursement this Period</b> <div>717.07</div>	
City Clive State IA Zip Code 50325	Purpose of Disbursement Campaign materials Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Fieldgate Media, Inc.		<b>Transaction ID:</b> SB23.6287 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div>	
Mailing Address 606 Fieldgate Court		<b>Amount of Each Disbursement this Period</b> <div>2500.00</div>	
City Mauldin State SC Zip Code 28662	Purpose of Disbursement Immigration Video Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>3298.27</div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>	

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Adam Graham

Mailing Address 2834 Abbs Lane

City  
Boise

State  
ID

Zip Code  
83705

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6150

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Adam Graham

Mailing Address 2834 Abbs Lane

City  
Boise

State  
ID

Zip Code  
83705

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6151

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Adam Graham

Mailing Address 2834 Abbs Lane

City  
Boise

State  
ID

Zip Code  
83705

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6152

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 137

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Adam Graham		<b>Transaction ID:</b> SB23.6153 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address 2834 Abbs Lane		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Boise	State ID		Zip Code 83705
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Adam Graham		<b>Transaction ID:</b> SB23.6155 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 2834 Abbs Lane		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Boise	State ID		Zip Code 83705
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Adam Graham		<b>Transaction ID:</b> SB23.6156 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>	
Mailing Address 2834 Abbs Lane		<b>Amount of Each Disbursement this Period</b> <div>50.00</div>	
City Boise	State ID		Zip Code 83705
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Stacy Harp</b>		<b>Transaction ID:</b> SB23.6157 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address 4315 West Chapman Avenue		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Orange	State CA		Zip Code 92868
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Stacy Harp</b>		<b>Transaction ID:</b> SB23.6158 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>	
Mailing Address 4315 West Chapman Avenue		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Orange	State CA		Zip Code 92868
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Stacy Harp</b>		<b>Transaction ID:</b> SB23.6159 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address 4315 West Chapman Avenue		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Orange	State CA		Zip Code 92868
Purpose of Disbursement Salary			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**300.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Stacy Harp</b> Full Name (Last, First, Middle Initial) Stacy Harp Mailing Address 4315 West Chapman Avenue City Orange State CA Zip Code 92868 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6164</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 100.00 101 Category/ Type
<b>B. Stacy Harp</b> Full Name (Last, First, Middle Initial) Stacy Harp Mailing Address 4315 West Chapman Avenue City Orange State CA Zip Code 92868 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6165</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 101 Category/ Type
<b>C. Linda Harrington</b> Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6201</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 625.00 101 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Harrington			<b>Transaction ID:</b> SB23.6202 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>	
Mailing Address 2421 - 106th Street				
City Albion	State IA	Zip Code 50005	<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
Purpose of Disbursement Salary		<div>101</div> Category/ Type		
Candidate Name COX 2008 COMMITTEE INC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

  

<b>B.</b> Full Name (Last, First, Middle Initial) Linda Harrington			<b>Transaction ID:</b> SB23.6203 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>	
Mailing Address 2421 - 106th Street				
City Albion	State IA	Zip Code 50005	<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
Purpose of Disbursement Salary		<div>101</div> Category/ Type		
Candidate Name COX 2008 COMMITTEE INC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

  

<b>C.</b> Full Name (Last, First, Middle Initial) Linda Harrington			<b>Transaction ID:</b> SB23.6207 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 2421 - 106th Street				
City Albion	State IA	Zip Code 50005	<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
Purpose of Disbursement Salary		<div>101</div> Category/ Type		
Candidate Name COX 2008 COMMITTEE INC				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Disbursements This Page (optional) .....

1875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Harrington		<b>Transaction ID:</b> SB23.6204 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	5		2	0	0	7													
Mailing Address 2421 - 106th Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City Albion State IA Zip Code 50005																						
Purpose of Disbursement Salary																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101																				
<b>B.</b> Full Name (Last, First, Middle Initial) Linda Harrington		<b>Transaction ID:</b> SB23.6205 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	0	7													
Mailing Address 2421 - 106th Street		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																						
City Albion State IA Zip Code 50005																						
Purpose of Disbursement Salary																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dan Herren		<b>Transaction ID:</b> SB23.6905 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	7													
Mailing Address 116 Golden Crest Road		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>658.15</td> </tr> </table>	658.15																			
658.15																						
City Mauldin State SC Zip Code 29662																						
Purpose of Disbursement Expense reimbursements																						
Candidate Name COX 2008 COMMITTEE INC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101																				
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....		<table border="1"> <tr> <td>1658.15</td> </tr> </table>	1658.15																			
1658.15																						
<b>TOTAL This Period (last page this line number only)</b> .....		<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** FedEx Kinko's

Mailing Address 550 Woods Lake Road

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Overnight delivery

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6905.1

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

53.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** FedEx Kinko's

Mailing Address 550 Woods Lake Road

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Photocopies

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6905.2

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

57.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** FedEx Kinko's

Mailing Address 550 Woods Lake Road

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Copies

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6905.4

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

43.25

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Office Depot - Greenville**

Mailing Address 101 Verdae Boulevard  
#1000

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Photocopy charges

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6905.6

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

29.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. FedEx Kinko's**

Mailing Address 550 Woods Lake Road

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Overnight Delivery

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6905.7

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

61.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. Office Depot - Greenville**

Mailing Address 101 Verdae Boulevard  
#1000

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Photocopy charges

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6905.9

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

31.77

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Herren		<b>Transaction ID:</b> SB23.6905.11 <b>Date of Disbursement</b> <div> <div>07</div> <div>13</div> <div>2007</div> </div>
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>85.44</div> <b>[MEMO ITEM]</b>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Mileage reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Dan Herren		<b>Transaction ID:</b> SB23.6924 <b>Date of Disbursement</b> <div> <div>08</div> <div>07</div> <div>2007</div> </div>
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>985.72</div> <b>[MEMO ITEM]</b>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Cell phone reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) SunCom Wireless		<b>Transaction ID:</b> SB23.6924.0 <b>Date of Disbursement</b> <div> <div>08</div> <div>07</div> <div>2007</div> </div>
Mailing Address Post Office Box 190028		Amount of Each Disbursement this Period <div>985.72</div> <b>[MEMO ITEM]</b>
City Charleston State SC Zip Code 29419		
Purpose of Disbursement Cell phone/internet reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>985.72</div>
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Dan Herren</b> Full Name (Last, First, Middle Initial) Mailing Address 116 Golden Crest Road City Mauldin State SC Zip Code 29662 Purpose of Disbursement Reimbursements Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6532</b> Date of Disbursement 08 / 30 / 2007 Amount of Each Disbursement this Period 487.08 101 Category/ Type
<b>B. Travelocity</b> Full Name (Last, First, Middle Initial) Mailing Address 3150 Sabre Drive City Southlake State TX Zip Code 76092 Purpose of Disbursement Travel Package Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6532.1</b> Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 284.19 101 Category/ Type <b>[MEMO ITEM]</b>
<b>C. Dan Herren</b> Full Name (Last, First, Middle Initial) Mailing Address 116 Golden Crest Road City Mauldin State SC Zip Code 29662 Purpose of Disbursement Mileage to and from airport Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6532.7</b> Date of Disbursement 08 / 05 / 2007 Amount of Each Disbursement this Period 143.30 101 Category/ Type <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

487.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Herren		<b>Transaction ID:</b> SB23.6532.8 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 7</div> </div>	
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>11.56</div>	
City Mauldin State SC Zip Code 29662	[MEMO ITEM]		
Purpose of Disbursement Mileage to and from airport			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dan Herren		<b>Transaction ID:</b> SB23.6926 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>831.92</div>	
City Mauldin State SC Zip Code 29662	[MEMO ITEM]		
Purpose of Disbursement Expense reimbursements			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Iowa Christian Alliance		<b>Transaction ID:</b> SB23.6276 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 3 / 2 0 0 7</div> </div>	
Mailing Address PO Box 65066		Amount of Each Disbursement this Period <div>550.00</div>	
City West Des Moines State IA Zip Code 50265	[MEMO ITEM]		
Purpose of Disbursement			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1381.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Iowa Events Center

Mailing Address 730 3rd Street

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
Catering expenses

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6741

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

183.70

Full Name (Last, First, Middle Initial)

**B.** Iowa Newspaper Service

Mailing Address 319 East 5th Street

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
Adversting

Candidate Name  
COX 2008 COMMITTEE INC

102  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6776

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

2545.60

Full Name (Last, First, Middle Initial)

**C.** Lennie Jarrett

Mailing Address 2306 North Tedy Lane

City  
Round Lake Beach

State  
IL

Zip Code  
60073

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6168

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2829.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Lennie Jarrett		<b>Transaction ID:</b> SB23.6169 <b>Date of Disbursement</b> <div> <div>07</div> <div>31</div> <div>2007</div> </div>
Mailing Address 2306 North Tedy Lane		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Round Lake Beach      State IL      Zip Code 60073		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State:      District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>B.</b> Full Name (Last, First, Middle Initial) Lennie Jarrett		<b>Transaction ID:</b> SB23.6170 <b>Date of Disbursement</b> <div> <div>08</div> <div>15</div> <div>2007</div> </div>
Mailing Address 2306 North Tedy Lane		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Round Lake Beach      State IL      Zip Code 60073		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State:      District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>C.</b> Full Name (Last, First, Middle Initial) Lennie Jarrett		<b>Transaction ID:</b> SB23.6171 <b>Date of Disbursement</b> <div> <div>08</div> <div>30</div> <div>2007</div> </div>
Mailing Address 2306 North Tedy Lane		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Round Lake Beach      State IL      Zip Code 60073		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State:      District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>300.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Lennie Jarrett		<b>Transaction ID:</b> SB23.6172 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>
Mailing Address 2306 North Tedy Lane		<b>Amount of Each Disbursement this Period</b> <div>50.00</div>
City Round Lake Beach      State IL      Zip Code 60073		
Purpose of Disbursement Salary	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State:      District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Manchester Republican		<b>Transaction ID:</b> SB23.6278 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 27 Lowell Street Suite 405		<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
City Manchester      State NH      Zip Code 03101		
Purpose of Disbursement Straw Poll fee	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State:      District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc		<b>Transaction ID:</b> SB23.6309 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 7</div> </div>
Mailing Address 625 North Michigan Ave Suite 420		<b>Amount of Each Disbursement this Period</b> <div>3000.00</div>
City Chicago      State IL      Zip Code 60611		
Purpose of Disbursement Public Relations	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State:      District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3550.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
General office expenses

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6398

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

155.34

Full Name (Last, First, Middle Initial)

**B.** Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Parking, mileage and entry to IA Straw

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6396

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

268.26

Full Name (Last, First, Middle Initial)

**C.** Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Public Relations

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6310

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3423.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
General office expense reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6397

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

196.67

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Public Relations

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6311

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

3000.00

101  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Photocopy, postage, office expenses

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6395

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

193.95

101  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

3390.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6209 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>745.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6211 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>738.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6211.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Amount of Each Disbursement this Period</b> <div>750.00</div> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1483.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6211.1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary - wire Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>-12.00</div>
		<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6212 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>738.00</div>
		<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6212.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>750.00</div>
		<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**738.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6212.1 <b>Date of Disbursement</b> <div> <div>08</div> <div>15</div> <div>2007</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary - wire fee Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>-12.00</div>
		<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6214 <b>Date of Disbursement</b> <div> <div>08</div> <div>30</div> <div>2007</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>738.00</div>
		<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6214.0 <b>Date of Disbursement</b> <div> <div>08</div> <div>30</div> <div>2007</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>750.00</div>
		<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**738.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6214.1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary - wire fee Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>-12.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6215 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>363.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6215.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 7</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>375.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**363.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6215.1 <b>Date of Disbursement</b> <div> <div>09</div> <div>27</div> <div>2007</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary - wire fee Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>-12.00</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6217 <b>Date of Disbursement</b> <div> <div>09</div> <div>27</div> <div>2007</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>363.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6217.0 <b>Date of Disbursement</b> <div> <div>09</div> <div>27</div> <div>2007</div> </div>
Mailing Address 14500 Roadrunner Way #401 City San Antonio State TX Zip Code 78249 Purpose of Disbursement Salary Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <div>375.00</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**363.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly McClendon		<b>Transaction ID:</b> SB23.6217.1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 7</div> </div>	
Mailing Address 14500 Roadrunner Way #401		Amount of Each Disbursement this Period <div>-12.00</div>	
City San Antonio State TX Zip Code 78249			
Purpose of Disbursement Salary - wire fee	<div>101</div> Category/ Type		
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) Merrimack Restaurant			
Mailing Address 786 Elm Street			
City Manchester State NH Zip Code 03101	<b>Transaction ID:</b> SB23.6297 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>		
Purpose of Disbursement 08.07 rent - New Hampshire		Amount of Each Disbursement this Period <div>1800.00</div>	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	<div>104</div> Category/ Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C.</b> Full Name (Last, First, Middle Initial) Merrimack Restaurant		<b>Transaction ID:</b> SB23.6298 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 786 Elm Street		Amount of Each Disbursement this Period <div>1800.00</div>	
City Manchester State NH Zip Code 03101			
Purpose of Disbursement 09.07 rent - second floor			<div>104</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>3600.00</div>	
<b>TOTAL</b> This Period (last page this line number only) .....			

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Mid Day Club**

Mailing Address 21 SouthClark Street  
56th Floor

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Fundraising

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6280

Date of Disbursement

/   /

Amount of Each Disbursement this Period

833.16

Full Name (Last, First, Middle Initial)

## **B. Sam Pimm**

Mailing Address 62 Rand Street

City Manchester State NH Zip Code 03109

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6179

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

## **C. Sam Pimm**

Mailing Address 62 Rand Street

City Manchester State NH Zip Code 03109

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6181

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3433.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Sam Pimm		<b>Transaction ID:</b> SB23.6183 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 62 Rand Street		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
City Manchester State NH Zip Code 03109	Purpose of Disbursement Salary	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		
<b>B.</b> Full Name (Last, First, Middle Initial) Sam Pimm		<b>Transaction ID:</b> SB23.6184 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 62 Rand Street		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
City Manchester State NH Zip Code 03109	Purpose of Disbursement Salary	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 101		
<b>C.</b> Full Name (Last, First, Middle Initial) Public Service of New Hampshire		<b>Transaction ID:</b> SB23.6299 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 7</div> </div>
Mailing Address PO Box 360		<b>Amount of Each Disbursement this Period</b> <div>23.31</div>
City Manchester State NH Zip Code 03105	Purpose of Disbursement Utilities - New Hampshire	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 104		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>2023.31</div>
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Public Service of New Hampshire**

Mailing Address PO Box 360

City  
Manchester

State  
NH

Zip Code  
03105

Purpose of Disbursement  
Utilities - New Hampshire

Candidate Name  
COX 2008 COMMITTEE INC

104  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6300

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

41.81

Full Name (Last, First, Middle Initial)

## **B. Public Service of New Hampshire**

Mailing Address PO Box 360

City  
Manchester

State  
NH

Zip Code  
03105

Purpose of Disbursement  
Utilities - New Hampshire

Candidate Name  
COX 2008 COMMITTEE INC

104  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6301

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

39.08

Full Name (Last, First, Middle Initial)

## **C. Qwest**

Mailing Address Post Office Box 91154

City  
Seattle

State  
WA

Zip Code  
98111

Purpose of Disbursement  
Telephones - Iowa office

Candidate Name  
COX 2008 COMMITTEE INC

104  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6292

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

189.07

**SUBTOTAL** of Disbursements This Page (optional) .....

269.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** reimage

Mailing Address P2310 Lochinvar Drive

City Durham State NC Zip Code 27705

Purpose of Disbursement

Website

Candidate Name

COX 2008 COMMITTEE INC

Office Sought:

☐ House

☐ Senate

☒ President

State:

District: 02

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB23.6188

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement

Salary and reimbursement

Candidate Name

COX 2008 COMMITTEE INC

Office Sought:

☐ House

☐ Senate

☒ President

State:

District: 02

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB23.6218

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

416.67

Full Name (Last, First, Middle Initial)

**C.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement

Salary

Candidate Name

COX 2008 COMMITTEE INC

Office Sought:

☐ House

☐ Senate

☒ President

State:

District: 02

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB23.6218.0

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

326.67

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

1416.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6219 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>881.60</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6780 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>180.44</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Expense reimbursements		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>C.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6221 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>881.60</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 101
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....		<div>1943.64</div>
<b>TOTAL This Period (last page this line number only)</b> .....		

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Telephone reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6791

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

154.99

Full Name (Last, First, Middle Initial)

**B.** Verizon Wireless

Mailing Address 295 North Maple

City Basking Ridge State NJ Zip Code 07920

Purpose of Disbursement  
Telephone reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6791.0

Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

154.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6222

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

881.60

**SUBTOTAL** of Disbursements This Page (optional) .....

1036.59

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6223 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>881.60</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6789 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>142.67</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Telephone reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless		<b>Transaction ID:</b> SB23.6789.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 295 North Maple		<b>Amount of Each Disbursement this Period</b> <div>142.67</div>
City Basking Ridge State NJ Zip Code 07920		
Purpose of Disbursement Telephone and internet reimbursement		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<div>101</div> Category/ Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1024.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6793 <b>Date of Disbursement</b> <div> <div>09</div> <div>05</div> <div>2007</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>502.16</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Expense reimbursements - general	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Merrimack Restaurant		<b>Transaction ID:</b> SB23.6793.4 <b>Date of Disbursement</b> <div> <div>07</div> <div>24</div> <div>2007</div> </div>
Mailing Address 786 Elm Street		<b>Amount of Each Disbursement this Period</b> <div>20.36</div>
City Manchester State NH Zip Code 03101		
Purpose of Disbursement Working lunch	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Chris Richter		<b>Transaction ID:</b> SB23.6815 <b>Date of Disbursement</b> <div> <div>09</div> <div>06</div> <div>2007</div> </div>
Mailing Address 33 Ashland Street		<b>Amount of Each Disbursement this Period</b> <div>260.26</div>
City Manchester State NH Zip Code 03104		
Purpose of Disbursement Expense reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

**762.42**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6224

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

881.60

Full Name (Last, First, Middle Initial)

**B.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6225

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

881.60

Full Name (Last, First, Middle Initial)

**C.** Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Reimbursements

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6421

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

397.24

**SUBTOTAL** of Disbursements This Page (optional) .....

2160.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 1 City Worcester State MA Zip Code 01654-0001 Purpose of Disbursement Telephone service Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6421.0</b> Date of Disbursement 09 / 28 / 2007 Amount of Each Disbursement this Period 192.14 <b>[MEMO ITEM]</b>
<b>B. Constant Contact</b> Full Name (Last, First, Middle Initial) Mailing Address 1601 Trapelo Road Suite 329 City Waltham State MA Zip Code 02451 Purpose of Disbursement Email listing Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6421.1</b> Date of Disbursement 09 / 28 / 2007 Amount of Each Disbursement this Period 50.00 <b>[MEMO ITEM]</b>
<b>C. Service U Corporation</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Germantown Court Suite 202 City Cordova State TN Zip Code 38018 Purpose of Disbursement Scheduling services Candidate Name COX 2008 COMMITTEE INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB23.6314</b> Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 49.95
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		49.95
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Service U Corporation**

Mailing Address 60 Germantown Court  
Suite 202

City Cordova State TN Zip Code 38018

Purpose of Disbursement  
Scheduling services

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6315

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

49.95

Full Name (Last, First, Middle Initial)

## **B. Service U Corporation**

Mailing Address 60 Germantown Court  
Suite 202

City Cordova State TN Zip Code 38018

Purpose of Disbursement  
Scheduling services

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6317

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

49.95

Full Name (Last, First, Middle Initial)

## **C. Sign-A-Rama**

Mailing Address 3716A MacCorkle Avenue SE

City Charleston State WV Zip Code 25304

Purpose of Disbursement  
Banners

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6399

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1041.40

**SUBTOTAL** of Disbursements This Page (optional) .....

1141.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Special Guests**

Mailing Address 9 S 157 Route 59

City Naperville State IL Zip Code 60564

Purpose of Disbursement  
Publicity

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6312

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Special Guests**

Mailing Address 9 S 157 Route 59

City Naperville State IL Zip Code 60564

Purpose of Disbursement  
Publicity services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6313

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Joe Speranzella**

Mailing Address 26759 Johnson Creek Road

City Crisfield State MD Zip Code 21817

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6173

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Speranzella		<b>Transaction ID:</b> SB23.6174 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address 26759 Johnson Creek Road		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Crisfield State MD Zip Code 21817		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Joe Speranzella		<b>Transaction ID:</b> SB23.6175 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 26759 Johnson Creek Road		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Crisfield State MD Zip Code 21817		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Speranzella		<b>Transaction ID:</b> SB23.6177 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
Mailing Address 26759 Johnson Creek Road		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>
City Crisfield State MD Zip Code 21817		
Purpose of Disbursement Salary		
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Speranzella		<b>Transaction ID:</b> SB23.6178 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>
Mailing Address 26759 Johnson Creek Road		<b>Amount of Each Disbursement this Period</b> <div>50.00</div>
City Crisfield State MD Zip Code 21817		
Purpose of Disbursement Salary	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) True-South Communications SC LLC		<b>Transaction ID:</b> SB23.6190 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 116 Golden Crest Court		<b>Amount of Each Disbursement this Period</b> <div>88.00</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Salary - coordinator	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) True-South Communications SC LLC		<b>Transaction ID:</b> SB23.6194 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 116 Golden Crest Court		<b>Amount of Each Disbursement this Period</b> <div>3000.00</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Salary	<div>101</div> Category/Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3138.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6194.0

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6194.1

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - coordinator

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6191

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

88.00

**SUBTOTAL** of Disbursements This Page (optional) .....

88.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 137

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6195

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6195.0

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6195.1

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Travel reimbursements and out of pocket

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6922

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

784.78

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - Coordinator

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6193

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

88.00

Full Name (Last, First, Middle Initial)

## **C. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6196

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3872.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6196.0

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6196.1

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Travel reimbursement

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6921

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

346.15

**SUBTOTAL** of Disbursements This Page (optional) .....

346.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6199

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6199.0

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6199.1

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement

Quality Inn O'Hare

Candidate Name

COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6460

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

101.34

Full Name (Last, First, Middle Initial)

**B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement

Travel reimbursements

Candidate Name

COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6927

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

213.57

Full Name (Last, First, Middle Initial)

**C. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement

Salary

Candidate Name

COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6200

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2314.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6200.0

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Travel reimbursements

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6401

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

553.86

Full Name (Last, First, Middle Initial)

## **C. Travelocity**

Mailing Address 3150 Sabre Drive

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
Travel arrangement package

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6401.0

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

471.14

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

553.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Herren		<b>Transaction ID:</b> SB23.6401.8 <b>Date of Disbursement</b> <div> <div>09</div> <div>15</div> <div>2007</div> </div>
Mailing Address 116 Golden Crest Road		Amount of Each Disbursement this Period <div>-30.00</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Wire reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) True-South Communications SC LLC		<b>Transaction ID:</b> SB23.6928 <b>Date of Disbursement</b> <div> <div>09</div> <div>14</div> <div>2007</div> </div>
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period <div>2000.00</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Salary and reimbursements	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) True-South Communications SC LLC		<b>Transaction ID:</b> SB23.6187 <b>Date of Disbursement</b> <div> <div>09</div> <div>28</div> <div>2007</div> </div>
Mailing Address 116 Golden Crest Court		Amount of Each Disbursement this Period <div>2000.00</div>
City Mauldin State SC Zip Code 29662		
Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>4000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....		



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6187.0

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. True-South Communications SC LLC**

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Salary - wire fee

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6187.1

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. True South Communications**

Mailing Address 112 Renaissance Circle

City Mauldin State SC Zip Code 29662

Purpose of Disbursement  
Mailing

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

103  
Category/  
Type

Transaction ID: SB23.6307

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2902.84

**SUBTOTAL** of Disbursements This Page (optional) .....

2902.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. United Rentals**

Mailing Address 822 South Taft

City  
Mason City

State  
IA

Zip Code  
50401

Purpose of Disbursement  
Equipment rental

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6748

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. United Rentals**

Mailing Address 822 South Taft

City  
Mason City

State  
IA

Zip Code  
50401

Purpose of Disbursement  
Equipment rental

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6775

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

## **C. US Cellular**

Mailing Address PO Box 1

City  
Palatine

State  
IL

Zip Code  
60623

Purpose of Disbursement  
Cellular phone expenses

101

Category/  
Type

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6742

Date of Disbursement

07 / 07 / 2007

Amount of Each Disbursement this Period

1569.98

**SUBTOTAL** of Disbursements This Page (optional) .....

2144.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 137

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** US Cellular

Mailing Address PO Box 1

City Palatine State IL Zip Code 60623

Purpose of Disbursement  
Cellular phone service

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.29

Full Name (Last, First, Middle Initial)

**B.** US Cellular

Mailing Address PO Box 1

City Palatine State IL Zip Code 60623

Purpose of Disbursement  
Cellular phone service

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6706

Date of Disbursement

/   /

Amount of Each Disbursement this Period

382.86

Full Name (Last, First, Middle Initial)

**C.** US Cellular

Mailing Address PO Box 1

City Palatine State IL Zip Code 60623

Purpose of Disbursement  
Cellular phone service

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.6707

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.29

**SUBTOTAL** of Disbursements This Page (optional) .....

475.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>US Cellular</b>		<b>Transaction ID:</b> SB23.6708 <b>Date of Disbursement</b> <div> <div>09</div> <div>21</div> <div>2007</div> </div>	
Mailing Address PO Box 1		Amount of Each Disbursement this Period <div>524.00</div>	
City Palatine State IL Zip Code 60623	Purpose of Disbursement Cellular phone service	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Utz</b>		<b>Transaction ID:</b> SB23.6235 <b>Date of Disbursement</b> <div> <div>07</div> <div>15</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>964.62</div>	
City Rowan State IA Zip Code 50470	Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>John Utz</b>		<b>Transaction ID:</b> SB23.6678 <b>Date of Disbursement</b> <div> <div>07</div> <div>15</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>118.81</div>	
City Rowan State IA Zip Code 50470	Purpose of Disbursement Reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>1607.43</div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>	

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6678.6 <b>Date of Disbursement</b> <div> <div>07</div> <div>15</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>2.00</div> <b>[MEMO ITEM]</b>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Newspaper			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6692 <b>Date of Disbursement</b> <div> <div>07</div> <div>15</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>127.03</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Reimbursements			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6675 <b>Date of Disbursement</b> <div> <div>07</div> <div>17</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>480.57</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Reimbursements			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**607.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 137

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6675.0 <b>Date of Disbursement</b> <div> <div>07</div> <div>13</div> <div>2007</div> </div>
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>36.94</div> <b>[MEMO ITEM]</b>
City Rowan State IA Zip Code 50470		
Purpose of Disbursement Mileage reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Hertz Corporation		<b>Transaction ID:</b> SB23.6675.1 <b>Date of Disbursement</b> <div> <div>07</div> <div>13</div> <div>2007</div> </div>
Mailing Address Post Office Box 26120		Amount of Each Disbursement this Period <div>443.63</div> <b>[MEMO ITEM]</b>
City Oklahoma City State OK Zip Code 73126		
Purpose of Disbursement Car Rental	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6236 <b>Date of Disbursement</b> <div> <div>07</div> <div>31</div> <div>2007</div> </div>
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>1357.51</div>
City Rowan State IA Zip Code 50470		
Purpose of Disbursement Salary	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**1357.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6860 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2007</div> </div>
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <div>1235.11</div>
City Rowan State IA Zip Code 50470		
Purpose of Disbursement Travel reimbursements	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Hertz Corporation		<b>Transaction ID:</b> SB23.6860.0 <b>Date of Disbursement</b> <div> <div>07</div> <div>28</div> <div>2007</div> </div>
Mailing Address Post Office Box 26120		<b>Amount of Each Disbursement this Period</b> <div>449.17</div>
City Oklahoma City State OK Zip Code 73126		
Purpose of Disbursement Car rental	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6860.23 <b>Date of Disbursement</b> <div> <div>08</div> <div>13</div> <div>2007</div> </div>
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <div>12.55</div>
City Rowan State IA Zip Code 50470		
Purpose of Disbursement Miscellaneous food and beverage	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

1235.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial)  
John Utz

Mailing Address 813 Pesch

City Rowan State IA Zip Code 50470

Purpose of Disbursement  
Mileage - Straw Poll

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6860.24

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

214.50

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
John Utz

Mailing Address 813 Pesch

City Rowan State IA Zip Code 50470

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6237

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

964.62

C. Full Name (Last, First, Middle Initial)  
John Utz

Mailing Address 813 Pesch

City Rowan State IA Zip Code 50470

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

101  
Category/  
Type

Transaction ID: SB23.6240

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

964.61

SUBTOTAL of Disbursements This Page (optional) .....

1929.23

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6649 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <div>1144.40</div>
City Rowan State IA Zip Code 50470		
Purpose of Disbursement Hotel Reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Hilton Hotel - Fort Worth		<b>Transaction ID:</b> SB23.6649.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 815 Main Street		<b>Amount of Each Disbursement this Period</b> <div>915.36</div>
City Fort Worth State TX Zip Code 76102		
Purpose of Disbursement Hotel rooms - 3 nights	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6649.2 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div>
Mailing Address 813 Pesch		<b>Amount of Each Disbursement this Period</b> <div>20.00</div>
City Rowan State IA Zip Code 50470		
Purpose of Disbursement Misc. beverages bought at Straw Poll	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

1144.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6649.12 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 7</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>37.40</div> <b>[MEMO ITEM]</b>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Mileage			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6602 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 7</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>1327.71</div> <b>[MEMO ITEM]</b>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Reimbursements			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Hertz Corporation		<b>Transaction ID:</b> SB23.6602.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 0 7</div> </div>	
Mailing Address Post Office Box 26120		Amount of Each Disbursement this Period <div>205.67</div> <b>[MEMO ITEM]</b>	
City Oklahoma City	State OK		Zip Code 73126
Purpose of Disbursement Car rental			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

1327.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Hertz Corporation		<b>Transaction ID:</b> SB23.6602.1 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2007</div> </div>	
Mailing Address Post Office Box 26120		Amount of Each Disbursement this Period <div>574.90</div>	
City Oklahoma City	State OK		Zip Code 73126
Purpose of Disbursement Car rental			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
<b>B.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6602.13 <b>Date of Disbursement</b> <div> <div>09</div> <div>01</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>20.00</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Tips given at Convention Center			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz		<b>Transaction ID:</b> SB23.6602.27 <b>Date of Disbursement</b> <div> <div>09</div> <div>03</div> <div>2007</div> </div>	
Mailing Address 813 Pesch		Amount of Each Disbursement this Period <div>46.26</div>	
City Rowan	State IA		Zip Code 50470
Purpose of Disbursement Mileage			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>0.00</div>	
<b>TOTAL</b> This Period (last page this line number only) .....			

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Utz			<b>Transaction ID:</b> SB23.6241 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 7</div> </div>		
Mailing Address 813 Pesch					
City Rowan	State IA	Zip Code 50470	<b>Amount of Each Disbursement this Period</b> <div>750.24</div>		
Purpose of Disbursement Salary		<div>101</div> Category/ Type			
Candidate Name COX 2008 COMMITTEE INC					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District: 02					
<b>B.</b> Full Name (Last, First, Middle Initial) John Utz			<b>Transaction ID:</b> SB23.6904 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 7</div> </div>		
Mailing Address 813 Pesch					
City Rowan	State IA	Zip Code 50470	<b>Amount of Each Disbursement this Period</b> <div>-449.17</div>		
Purpose of Disbursement Return of payment made in error - Hertz		<div>101</div> Category/ Type			
Candidate Name COX 2008 COMMITTEE INC					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District: 02					
<b>C.</b> Full Name (Last, First, Middle Initial) John Utz			<b>Transaction ID:</b> SB23.6238 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 7</div> </div>		
Mailing Address 813 Pesch					
City Rowan	State IA	Zip Code 50470	<b>Amount of Each Disbursement this Period</b> <div>850.00</div>		
Purpose of Disbursement Salary		<div>101</div> Category/ Type			
Candidate Name COX 2008 COMMITTEE INC					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District: 02					

**SUBTOTAL** of Disbursements This Page (optional) .....

1151.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Van Ginkel		<b>Transaction ID:</b> SB23.6454 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>
Mailing Address 3378 110th Street		<b>Amount of Each Disbursement this Period</b> <div>847.40</div>
City Cumming State IA Zip Code 50061		
Purpose of Disbursement Miscellaneous reimbursements	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) T-Mobile		<b>Transaction ID:</b> SB23.6454.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 790047		<b>Amount of Each Disbursement this Period</b> <div>387.02</div>
City St. Louis State MO Zip Code 63179		
Purpose of Disbursement Cell phone reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Van Ginkel		<b>Transaction ID:</b> SB23.6454.1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 7</div> </div>
Mailing Address 3378 110th Street		<b>Amount of Each Disbursement this Period</b> <div>349.32</div>
City Cumming State IA Zip Code 50061		
Purpose of Disbursement Mileage reimbursement	<div>101</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

847.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.6303 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <div>128.05</div>
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement Utilities - New Hampshire	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.6304 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <div>135.39</div>
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement Utilities - New Hampshire	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon		<b>Transaction ID:</b> SB23.6305 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 7</div> </div>
Mailing Address Post Office Box 1		<b>Amount of Each Disbursement this Period</b> <div>137.22</div>
City Worcester State MA Zip Code 01654-0001		
Purpose of Disbursement Utilities - New Hampshire	<div>104</div> Category/ Type	
Candidate Name COX 2008 COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>400.66</div>
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

## **A. Victory Store**

Mailing Address 5200 SW 30th Ave

City Davenport State IA Zip Code 52802

Purpose of Disbursement  
Propaganda

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.6760**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1457.34

Full Name (Last, First, Middle Initial)

## **B. Victory Store**

Mailing Address 5200 SW 30th Ave

City Davenport State IA Zip Code 52802

Purpose of Disbursement  
Lapel labels

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.6762**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

388.00

Full Name (Last, First, Middle Initial)

## **C. Vonage**

Mailing Address 23 Main Street

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement  
Telephone services

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB23.6746**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

130.50

**SUBTOTAL** of Disbursements This Page (optional) .....

1975.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6262

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

**B.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6263

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

**C.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6264

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

404.82

**SUBTOTAL** of Disbursements This Page (optional) .....

1214.46

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Mark Vonderohe

Mailing Address 502 First Street SE  
#05

City Waukon State IA Zip Code 52172

Purpose of Disbursement  
Salary

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6265

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

404.82

Full Name (Last, First, Middle Initial)

**B.** Kendall Williams

Mailing Address 129 South Plum Grove Road

City Palatine State IL Zip Code 60067

Purpose of Disbursement  
Fieldgate Media down payment

Candidate Name  
COX 2008 COMMITTEE INC

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6284

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Fieldgate Media, Inc.

Mailing Address 606 Fieldgate Court

City Mauldin State SC Zip Code 28662

Purpose of Disbursement  
Downpayment on Immigration Video

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.6284.0

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

904.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Teri Williams		<b>Transaction ID:</b> SB23.6306 <b>Date of Disbursement</b> <div> <div>07</div> <div>01</div> <div>2007</div> </div>	
Mailing Address 1051 Perimeter Drive		Amount of Each Disbursement this Period <div>116.00</div>	
City Schaumburg	State IL		Zip Code 60173
Purpose of Disbursement Postage			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
<b>B.</b> Full Name (Last, First, Middle Initial) USPS - Buffalo Grove, IL		<b>Transaction ID:</b> SB23.6306.0 <b>Date of Disbursement</b> <div> <div>07</div> <div>01</div> <div>2007</div> </div>	
Mailing Address 255 North Buffalo Grove Road		Amount of Each Disbursement this Period <div>116.00</div>	
City Buffalo Grove	State IL		Zip Code 60089
Purpose of Disbursement Postage			<div>107</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
<b>C.</b> Full Name (Last, First, Middle Initial) Teri Williams		<b>Transaction ID:</b> SB23.6700 <b>Date of Disbursement</b> <div> <div>07</div> <div>15</div> <div>2007</div> </div>	
Mailing Address 1051 Perimeter Drive		Amount of Each Disbursement this Period <div>17.40</div>	
City Schaumburg	State IL		Zip Code 60173
Purpose of Disbursement Guestbook			<div>101</div> Category/ Type
Candidate Name COX 2008 COMMITTEE INC			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District: 02			
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>133.40</div>	
<b>TOTAL</b> This Period (last page this line number only) .....			

# **SCHEDULE B (FEC Form 3P)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 137

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

Full Name (Last, First, Middle Initial)

**A.** Z-Balloon Adventures

Mailing Address 420 NE 72nd Street

City  
Pleasant Hill

State  
IA

Zip Code  
50327

Purpose of Disbursement  
Balloon Rental

Candidate Name  
COX 2008 COMMITTEE INC

101  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 02

Transaction ID: SB23.6753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2544.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2544.00

**TOTAL** This Period (last page this line number only) .....

108529.62

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 100 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 3Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 101 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
0 6Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 102 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 4D D  
1 9Y Y Y Y  
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 103 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
0 4Y Y Y Y  
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 104 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
1 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 105 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
1 1Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 106 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
2 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 107 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
1 4Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 108 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4456

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 109 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4458

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
1 4Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 110 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
2 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 111 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
1 3Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 112 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4461

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 113 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 114 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4782

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
1 2Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 115 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4783

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 6Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 116 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4784

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
0 8Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 117 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4785

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
3 0Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 118 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4786

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
0 6Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 119 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
2 2Y Y Y Y  
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 120 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5197

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
0 9Y Y Y Y  
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 121 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5198

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
1 6Y Y Y Y  
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 122 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5199

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
2 9Y Y Y Y  
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 123 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5200

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 6Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 124 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5201

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
1 2Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 125 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5202

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
0 1Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 126 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5203

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
1 4Y Y Y Y  
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 127 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5574

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 4D D  
0 4Y Y Y Y  
2 0 0 7

12/31/08

0/00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 128 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5575

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 4D D  
1 5Y Y Y Y  
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 129 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5576

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
0 2Y Y Y Y  
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 130 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5577

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
1 6Y Y Y Y  
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 131 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5578

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
1 3Y Y Y Y  
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 132 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5579

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
1 4Y Y Y Y  
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 133 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5580

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 134 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6136

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 135 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6137

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
2 2Y Y Y Y  
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 136 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6138

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
0 5Y Y Y Y  
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3P)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 137 / 137

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19bNAME OF COMMITTEE (In Full)  
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6139

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

John H. Cox, - Personal funds

## Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 0Y Y Y Y  
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

1025000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.